

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/524105**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3						
4						
5						
6						
7			1			
8						
9						
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27		1		1		
28	1		1			
29		1		1		
30		1		1		
31	1		1			
32		1		1		
33		1		1		
34	1		1			
35		1		1		
36		1		1		
37		1		1		
38	1		1			
39		1		1		
40		1		1		
41	1		1			
42		1		1		
43		1		1		
44		1		1		
45		1		1		
46	1		1			
47	1		1			
48		2		2		
49	1		1			
50		2		2		
TOTAL IND.	14	↓	13	↓		↓
TOTAL DEP.	43	←	18	←		←
TOTAL CLAIMS	57		31			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						